

Component Exhibit 1

Print Form

Capital Facilities and Technological Needs Face Sheet

**MENTAL HEALTH SERVICES ACT (MHSA)
THREE-YEAR PROGRAM and EXPENDITURE PLAN
CAPITAL FACILITIES and TECHNOLOGICAL NEEDS COMPONENT
PROPOSAL**

County:

Date: _____

County Mental Health Director:

Printed Name: Marvin J. Southard

Signature: _____

Date: _____

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Component Exhibit 1 (continued)

COUNTY CERTIFICATION

I hereby certify that I am the official responsible for the administration of Community Mental Health Services in and for

Los Angeles

County and that the following are true and correct:

This Component Proposal is consistent with the Mental Health Services Act.

This Capital Facilities and Technological Needs Component Proposal is consistent with and supportive of the standards set forth in Title 9, California Code of Regulations (CCR) Section 3320.

The County certifies that if proposing technological needs project(s), the Technological Needs Assessment, including the Roadmap for moving toward an Integrated Information Systems Infrastructure, will be submitted with the first Technological Needs Project Proposal.

This Component Proposal has been developed with the participation of stakeholders, in accordance with Title 9, CCR Sections 3300, 3310, and 3315, and with the participation of the public and our contract service providers. The draft local Capital Facilities and Technological Needs Component Proposal was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board. All input has been considered, with adjustments made, as appropriate.

Mental Health Services Act funds are and will be used in compliance with Title 9, CCR Section 3410, Non-Supplant.

All documents in the attached Component Proposal for Capital Facilities and Technological Needs are true and correct.

Date: _____

Local Mental Health Director's Signature: _____

Executed at: _____

Component Exhibit 2

Print Form

COMPONENT PROPOSAL NARRATIVE

County Los Angeles

1. Framework and Goal Support

Briefly describe: 1) how the County plans to use Capital Facilities and/or Technological Needs Component funds to support the programs, services and goals implemented through the MHSA, and 2) how you derived the proposed distribution of funds below.

Proposed distribution of funds:

Capital Facilities	\$ <u>39,302,000</u>	or	<u>30</u>	%
Technological Needs	\$ <u>91,705,000</u>	or	<u>70</u>	%

Los Angeles County’s Department of Mental Health’s (LAC-DMH) Capital Facilities Component Proposal funds will be utilized to increase and improve the existing capital facilities infrastructure to accommodate the implementation of the MHSA plans. The proposal will address the current and anticipated needs that will arise during the implementation of the various MHSA plans. LAC-DMH is in dire need of both public mental health service facilities and administrative space to implement its plans. Space utilization at all facilities is currently at maximum capacity; no space is available to accommodate the growth in services which will occur with the implementation of the MHSA plans. LAC-DMH Capital Facilities Component Proposal will produce long-term impacts with lasting benefits that will move its mental health system toward the goals of wellness, recovery, and resiliency.

The direction and subsequent changes and additions to this proposal will be driven by the direction of the other MHSA plans. The capital facilities plan will be aligned with the other MHSA plans to provide the necessary support and to assure their successful implementation. It is recognized that capital facilities acquisition may be driven by the availability of property and unique opportunities which may occur. Each situation will be researched carefully, reviewed, and evaluated for its positive impact.

The \$39 million allocation will fund acquisition of land(s) and building(s); construction and renovation of mental health service facilities and administrative space; and renovation and expansion of existing County owned facilities which require modernization and transformation to provide an environment for the clients and families of empowerment, reduce disparities, and increase access and appropriateness of care.

Long-term benefits will derive from facilities that will (be):

- Community-based and provide expanded opportunities for accessible community-based services
- Support integrated services experiences that are culturally and linguistically appropriate
- Create a recovery culture that is consumer centered and empowering
- Provide consumers and their families’ access to facilities that will promote recovery, wellness, and resiliency.
- Reduce the need for incarceration or institutionalization

In addition to the goals set forth by the California Department of Mental Health the Director of LAC-DMH requested that the following guiding principles be considered in developing the LAC-DMH Capital Facilities Component Proposal:

Outreach and Engagement

Develop facilities in communities that are sensitive to cultural issues and community needs that will reduce disparities to un-served and under-served groups.

Transformation

Develop facilities that support and promote wellness, recovery, and resiliency.

Cost Efficiency

Maximize use of funds.

Reduce and/or eliminate continuous costs such as lease payments by utilizing MHSA Capital Facilities Component funds to purchase facilities and/or renovate existing County owned buildings to reduce high maintenance costs.

Proposed Distribution of Funds:

Capital Facilities: \$39,302,000 (30%)

Technological Needs: \$91,705,000 (70%)

LAC-DMH total MHSA Capital Facilities and Technological Needs Planning Estimate is \$131,007,000 per California Department of Mental Health Information Notice number 08-21 (July 24, 2008).

LAC-DMH proposes to use 30 percent (\$39,302,000) of the Capital Facilities and Technological Needs Planning estimate funds to support Capital Facilities projects and 70% (\$91,705,000) of the funds to support Technology projects. For LAC-DMH, the need is such that either Capital Facilities or Technology could use all of the allocated funding appropriately and effectively. However, since the Technological Needs Component effects all mental health service providers and the requirements for mental health service providers to access Capital Facilities funds is so restrictive and strenuous that a larger portion was allocated for the Technological Needs Component to allow private contractors a fair opportunity to access MHSA funds.

2. Stakeholder Involvement

Provide a description of stakeholder involvement in identification of the County's Capital Facilities and/or Technological Needs Component priorities along with a short summary of the Community Program Planning Process and any substantive recommendations and/or changes as a result of the stakeholder process.

The LAC-DMH MHSA Capital Facilities Component Proposal was reviewed and approved by four committees and boards that play oversight roles in the planning, development, and implementation of MHSA-related activities in Los Angeles County (LAC). The members of these committees and boards represent the interests of mental health services stakeholders in Los Angeles County. These stakeholder committees/boards are; 1) Los Angeles County Board of Supervisors; 2) Los Angeles County Mental Health Commission (MHC); 3) MHSA System Leadership Team (SLT); and 4) MHSA Stakeholder Delegates.

With the exception of the Board of Supervisors, mental health consumers and family members comprise a significant portion of the membership of these committees/boards. Prior to approval by the Board of Supervisors the Capital Facilities Component was reviewed and approved at multiple County levels including, LAC-DMH Executive Management Team (EMT), Los Angeles County Chief Executive Office (CEO), and Los Angeles County Counsel.

The MHC consists of sixteen members. By law, one of the members must be a member of the Board of Supervisors. Fifty percent of the members are consumers or parents, spouse, sibling, or adult children of consumers who are receiving or have received mental health services. Consumers constitute at least 20% of the total membership and families of consumers constitute at least 20% of the membership. The MHC serves as the County mental health board and is responsible for conducting public hearings for all MHSA planning activities that, by State regulation, require a public hearing.

The SLT serves as a quick response advisory and monitoring team on issues related to MHSA Plan implementation and to the broader public mental health system. The SLT develops process and structural frameworks to support the overall system transformation. Membership is comprised of representatives from the MHC, mental health service providers, consumers, family, law enforcement agencies, and DMH employees.

The MHSA Stakeholder Delegates consists of DMH staff, consumers, family members, law enforcement, educators, and a variety of mental health service providers. This group serves as an advisory and planning body that maintains active communication with the SLT, receives recommendations from workgroups, and develops recommendations for new MHSA plans or recommendations for the integration of MHSA Plans.

On March 18, 2008 the State Department of Mental Health released the Proposed Guidelines for Capital Facilities and Technological Needs Component Proposal. On April 11, 2008 Capital Facilities Guidelines were presented at the SLT meeting and allocation of funds between Capital Facilities 30% and Information Technology 70% was agreed upon. Furthermore, it was agreed that the 30% for the Capital Facilities Component would be exclusively for LAC-DMH use; funding for privately owned facilities would not be requested from the Capital Facilities Component. The mental health service provider members on the SLT decided that since the Technological Needs Component effects most mental health service providers and the requirements for mental health service providers to access Capital Facilities funds for capital improvements is so restrictive and strenuous a larger portion should be allocated for the Technological Needs Component where it would be more accessible to them. Although the initial recommendation of LAC-DMH was 60% Information Technology and 40% Capital Facilities, LAC-DMH supports the decision of the SLT regarding the distribution of funding.

On May 16, 2008 at the MHSA Stakeholder Delegates meeting the Director of the LAC-DMH emphasized the need to establish a work group to develop principles on how to prioritize projects for the Capital Facilities Plan. The work group was asked to help develop the principles that would guide the choice of projects. Twenty-three individuals' volunteered and subsequently staff from the CEO and DMH joined the group. The Capital Facilities Advisory Group represent the CMH, Service Areas, DMH staff, consumers, family members, law enforcement, educators, government agencies and a variety of mental health service providers.

Two meetings were held, July 18th and October 30th, 2008 to familiarize the Capital Facilities Advisory Group to the Proposed Guidelines of the Capital Facilities Needs Component Proposal and Project Guidelines and develop principles that would guide the choice of projects. The July meeting was exclusively for the Capital Facilities Advisory Group. Representatives from the CEO, Association of Community Human Services Agencies, Client Stakeholder Group, and Transition Age Youth attended. The Capital Facilities Advisory Group members, not in attendance during the July meeting, and members of the of the Workforce Education and Training ad-hoc committee members were invited to the October meeting. Representatives from Service Area VI, Association of Community Human Services Agencies, Los Angeles County Client Coalition, and Transition Age Youth attended.

The following principles and projects were suggested by the attendees of the two meetings:

Principles

- Peer Support
- Leveraging Funds from non-County sources
- Facilities for Under Represented Ethnic Group

Projects

- Interim Facility for Support
- Teleconferencing Facility
- Urgent Mental Health Services Center
- A Centrally Located Training/Conference Facility
- Purchase Facilities (County occupied buildings)
- Build Wellness Centers that are not part of a clinic
 - Invite therapist or doctors to render services, but are not housed in the facility
 - provide a recreation setting to reduce stigma include space/privacy for holistic therapy, swimming therapy, and library with materials available for parents use to help their children
- One Stop Facility where overlapping services are provided
 - Health Services
 - Employment Services
 - Children Services
- Training Building with a Library and Computers
 - accessible to consumers and parents
- Training Room that consumers can use/have access for classes
- Building Renovation
- Shared Housing
- Transitional Housing

These principles and projects have been considered in development of the Capital Facilities Component Proposal and will be incorporated to the extent possible in the Capital Facilities Project Proposals.

On January 20, 2010 the Capital Facilities Guidelines and the funding distribution between Capital Facilities 30% and Information Technology 70% were presented at the MHSA Stakeholder Delegates meeting in preparation for the MHSA Capital Facilities Component Proposal Plan presentation.

Public Comment and Public Hearing:

The MHSA Capital Facilities Component Proposal is scheduled to be posted at the LAC-DMH MHSA website (<http://dmh.lacounty.info/mhsa/>) from March 1, 2010 through March 30, 2010. The MHSA Capital Facilities Component Proposal is scheduled to be presented to the MHSA Stakeholder Delegates on February 26, 2010 and the Delegates will vote to endorse the plan. The plan is scheduled to be presented for Public Hearing held by the MHC on April 8, 2010. It is anticipated that the MHC will unanimously approve the MHSA Capital Facilities Component Proposal.

All comments received during the public comment period will be documented, and where appropriate and feasible, revisions will be made.

Ongoing Stakeholder Participation:

LAC-DMH recognizes the need for ongoing stakeholder participation in development of each of the capital facilities projects. Thus, the implementation plan of each project will be shared with the SLT for input and recommendation.

Component Exhibit 3

Print Form

COMPONENT PROPOSAL: CAPITAL FACILITIES NEEDS LISTING

County:

Please list Capital Facility needs (ex: types and numbers of facilities needed, , possible County locations for needed facilities, MHSA programs and services to be provided, and target populations to be served, etc.) See example table below.

Type of Facility	Number of Facilities Needed	County Location for Needed Facility	MHSA Programs & Services to be Provided	Target Populations to be Served
Wellness Center	1	Huntington Park	Wellness and Administrative Space	Adults
Mental Health Center	1	Downtown	Alternative Crisis Services and Wellness	Adults
Mental Health Center	1	West Valley	Alternative Crisis Services, Wellness, FCCS, and PEI	Adults and Older Adults
Mental Health Center	1	Long Beach	Alternative Crisis Services, FCCS, FSP, and PEI	Adults, Older Adults, and TAY
Mental Health Center	1	Arcadia	Alternative Crisis Services, FSP, FCCS, PEI, and Wellness	Adults, Older Adults, and TAY
Training/Conference Center	1	TBD	All	All
Juvenile Justice Program	TBD	TBD	TAY Probation Camps and Administrative Space	TAY
Renovate/Construct New Facilities	TBD	TBD	Various	All
Renovate/Expand County Owned Facilities	TBD	TBD	Various	All
Purchase land and/or building	TBD	TBD	Various	All

Component Exhibit 4

Print Form

COMPONENT PROPOSAL: TECHNOLOGICAL NEEDS LISTINGCounty:

Please check-off or more of the technological needs which meet your goals of modernization/transformation or client/family empowerment as your county moves toward an Integrated Information Systems Infrastructure. Examples are listed below and described in further detail in Enclosure 3. If no technological needs are identified, please write "None" in the box below and include the related rationale in Exhibit 1.

Electronic Health Record (EHR) System Projects (check all that apply)

- Infrastructure, Security, Privacy
- Practice Management
- Clinical Data Management
- Computerized Provider Order Entry
- Full EHR with Interoperability Components (for example, standard data exchanges with other counties, contract providers, labs, pharmacies)

Client and Family Empowerment Projects

- Client/Family Access to Computing Resources Projects
- Personal Health Record (PHR) System Projects
- Online Information Resource Projects (Expansion / Leveraging information sharing services)

Other Technology Projects That Support MHSA Operations

- Telemedicine and other rural/underserved service access methods
- Pilot projects to monitor new programs and service outcome improvement
- Data Warehousing Projects / Decision Support
- Imaging / Paper Conversion Projects
- Other (Briefly Describe)

Technological Needs Component was submitted to the California Department of Mental Health on February 3, 2009.